

Perseus Global Opportunity Fund, LP.
SUBSCRIPTION AGREEMENT

IN WITNESS WHEREOF, the undersigned has executed this Subscription Agreement as a deed on this _____ day of _____, 20____ in acceptance of the terms and conditions contained therein.

1. AMOUNT OF SUBSCRIPTION

Amount of Subscription	FORM OF PAYMENT
\$ _____	<input type="checkbox"/> Wire Transfer
	<input type="checkbox"/> Other _____

2. DETAILS OF SUBSCRIBER(S)

INDIVIDUAL SUBSCRIBERS:

Signature of Subscriber:

First Name: _____

[Sign here →] _____

Last Name: _____

JOINT TENANT, SPOUSE OR GRANTOR, AS APPLICABLE:

Signature of Subscriber:

First Name: _____

[Sign here →] _____

Last Name: _____

[APPROPRIATE SIGNATURE BLOCK ENTRIES FOR ORGANIZATIONAL SUBSCRIBERS]

~~Blue Atlas~~ Blue Atlas GST Trust
3 Heathcote Road, Scarsdale, NY 10583

If signing on behalf of an entity _____

Name of signatory: Nicole Shahida/Shahin Shahida

Title of signatory: Trustee/Trustee

Tax ID or Social Security #: 46-6403316

Contact person: Nicole Shahida/Shahin Shahida

Telephone #: 914-420-3551/202-746-1220

Telecopy #: _____

E-Mail: nicole.shahida@gmail.com / sosprod@aol.com

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*Name of Trustees or Other Fiduciaries Exercising Investment
Discretion with Respect to Benefit Plan or Trust*

<i>Signature</i>	<i>Printed Name</i>	<i>Title</i>
<u>X</u>	<u>Nicole Shahida</u>	<u>Mrs.</u>
<u></u>	<u>Shahin Shahida</u>	<u>Mr.</u>
<u></u>	<u></u>	<u></u>

Agreement of Custodian of Individual Retirement Account

The undersigned, being the custodian of the above named individual retirement account, hereby accepts and agrees to this subscription.

By:

Signature of Authorized Signatory

Name of Custodian (*Please Type or Print*)

Name of Authorized Signatory (*Please Type or Print*)

3. DETAILS OF ORGANIZATION, IF SUBSCRIBER IS NOT AN INDIVIDUAL

Date of Organization: 11/30/12 Tax year end: December 31

Jurisdiction: Delaware

4. TYPE OF ACCOUNT

Type of Ownership

☐ Individual

☐ Joint

☐ Corporation

☒ Trust (including an

☐ Partnership

☐ Limited Liability

☐ Other:

5. BANK ACCOUNT INFORMATION TO WHICH ANY CASH DISTRIBUTIONS MAY BE WIRED OR SENT

Bank Name: JP Morgan

Bank Address: 270 Park Avenue

NY, NY 10017

Account Name: Blue Atlas GST Trust

Account No: 3285002009

ABA No: 021000021

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NOTARIZATION ACKNOWLEDGMENT

ACKNOWLEDGMENT

STATE OF _____)
COUNTY OF _____) SS

On this _____ day of _____, 20____, before me personally appeared _____, to me known and known to me to be the individual who executed the foregoing Subscription Agreement in the capacity therein indicated, who acknowledged that he or she, being authorized to do so, executed the foregoing instrument for the purposes therein contained and in the capacity therein indicated as his or her own free act and deed.

Notary Public

My Commission Expires:

The undersigned, desiring to enter into the Limited Partnership Agreement (the “LP Agreement”) of Perseus Global Opportunity Fund, LP, a Delaware limited partnership (the “Company”), dated as of February 11, 2016 in or substantially in the form furnished to the undersigned with the Confidential Private Placement Memorandum of the Company dated as of February 11, 2016, hereby agrees to all of the terms of the LP Agreement and agrees to be bound by the terms thereof and to become a Limited Partner thereunder, and the undersigned hereby joins in the execution and swears to this LP Agreement and hereby authorizes this signature page to be attached thereto.

Witness the execution hereby by the undersigned
Blue Atlas Cost Trust

46-6403316

Signature for Subscribers Other Than Individuals:

Signature of Subscriber

Print Name and Title of Authorized Signatory

Residence or Business Address of Subscriber:

Residence or Business Address of Subscriber:
P.O. Box 143 7, Mellon Orchard Loe. Flint Hill Va 22627.
 Street City State Zip Code

4/28/16

Date _____

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